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RPTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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|   |                         |                               |                  |
|---|-------------------------|-------------------------------|------------------|
|   | <b>TRANSMITTAL FORM</b> | <b>Application Number</b>     | 10/729,795       |
|   |                         | <b>Filing Date</b>            | December 5, 2003 |
|   |                         | <b>First Named Inventor</b>   | Walters          |
|   |                         | <b>Group Art Unit</b>         | 1644             |
|   |                         | <b>Examiner Name</b>          | Skelding, Z. S.  |
| <b>Total Number of Pages in This Submission</b> | 7                       | <b>Attorney Docket Number</b> | 011823-012510US  |

| ENCLOSURES (check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (orig. + 1 cc.)<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1) Return receipt postcard<br>2) Two (2) references<br>3) Supplementary European Search Report |
| <b>Remarks</b>   |  | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.<br><b>Total number of pages <u>does not</u> include cited references.</b>  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| <b>Firm and Individual name</b>            | Townsend and Townsend and Crew LLP<br>Joe Liebeschuetz<br>Reg No. 37,505 |
| <b>Signature</b>                           |  |
| <b>Date</b>                                | April 2, 2007  |

| CERTIFICATE OF MAILING   |                        |
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| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 2, 2007 |                        |
| <b>Typed or printed name</b>   | Christopher R. Fitting |
| <b>Signature</b>   |                        |
| <b>Date</b>  | April 2, 2007          |

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61020397

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**

APR 05 2007

**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$ 180.00)

**Complete if Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/729,795       |
| Filing Date          | December 5, 2003 |
| First Named Inventor | Walters          |
| Examiner Name        | Skelding, Z. S.  |
| Art Unit             | 1644             |
| Attorney Docket No.  | 011823-012510US  |

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
|                  | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |                |
| Utility          | 300          | 150      | 500          | 250      | 200              | 100      |                |
| Design           | 200          | 100      | 100          | 50       | 130              | 65       |                |
| Plant            | 200          | 100      | 300          | 150      | 160              | 80       |                |
| Reissue          | 300          | 150      | 500          | 250      | 600              | 300      |                |
| Provisional      | 200          | 100      | 0            | 0        | 0                | 0        |                |

**2. EXCESS CLAIM FEES**

| Fee Description   | Small Entity |          |
|---|--------------|----------|
|   | Fee (\$)     | Fee (\$) |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50           | 25       |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200          | 100      |
| Multiple dependent claims   | 360          | 180      |

| Total Claims  | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|---------------------------|----------|---------------|
| -20 or HP = _____ x _____   |              | \$ _____ | \$0           |                           |          |               |
| HP = highest number of total claims paid for, if greater than 20      |              |          |               |                           |          |               |
| Indep. Claims   | Extra Claims | Fee (\$) | Fee Paid (\$) |                           |          |               |
| -3 or HP = _____ x _____  |              | \$ _____ | \$0           |                           |          |               |
| HP = highest number of independent claims paid for, if greater than 3 |              |          |               |                           |          |               |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets        | Extra Sheets       | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------------|--|----------|---------------|
| _____ - 100 = _____ | _____ / 50 = _____ | (round up to a whole number) x _____             | = _____  |               |

**4. OTHER FEE(S)**


Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement (after office action)

**Fees Paid (\$)**

180.00

**SUBMITTED BY**

|                   |   |  |                          |
|-------------------|---|--|--------------------------|
| Signature         |  | Registration No. (Attorney/Agent) 37,505 | Telephone (650) 326-2400 |
| Name (Print/Type) | Joe Liebeschuetz  |  | Date April 2, 2007       |

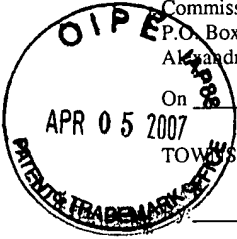
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On

TOWNSEND and TOWNSEND and CREW LLP

PATENT  
Attorney Docket No.: 011823-012510US  
Client Reference No.: 1065.20US



4/2/07

Ch Felt

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Ian Walters

Application No.: 10/729,795

Filed: December 5, 2003

For: METHODS OF TREATMENT OF  
ULCERATIVE COLITIS WITH ANTI-  
CD3 ANTIBODIES

Confirmation No.: 2275

Examiner: Zachary S. Skelding

Art Unit: 1644

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER  
37 CFR §1.97 and §1.98

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on the attached PTO/SB/08A and PTO/SB/08B forms are being called to the attention of the Examiner. Copies of the references are enclosed.

Also enclosed is a copy of the Supplementary European Search Report for the corresponding European application.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

04/05/2007 NHGUYEN1 00000126 201430 10729795  
01 FC:1806 186.00 DA

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference should be made that the information and references cited are prior art merely because they are in this statement.

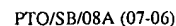
This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance. Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Joe Liebeschuetz  
Reg. No. 37,505

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JOL:crf



*(Use as many sheets as necessary)*

Sheet

1

of

2

**Complete if Known**

|                    |            |
|--------------------|------------|
| Application Number | 10/729,795 |
|--------------------|------------|

|             |                  |
|-------------|------------------|
| Filing Date | December 5, 2003 |
|-------------|------------------|

|                      |         |
|----------------------|---------|
| First Named Inventor | Walters |
|----------------------|---------|

|          |      |
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| Art Unit | 1644 |
|----------|------|

|               |                     |
|---------------|---------------------|
| Examiner Name | Zachary S. Skelding |
|---------------|---------------------|

|                        |                 |
|------------------------|-----------------|
| Attorney Docket Number | 011823-012510US |
|------------------------|-----------------|

## U.S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

Examiner  
Signature

Date  
Considered

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Kind Codes of U.S. Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the citation, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

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|   |   |    |   |                          |                     |
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|   |   |    |   | Application Number       | 10/729,795          |
|   |   |    |   | Filing Date              | December 5, 2003    |
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|   |   |    |   | Examiner Name            | Zachary S. Skelding |
| Sheet   | 2 | of | 2 | Attorney Docket Number   | 011823-012510US     |

[illegible]

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Examiner<br>Signature |  | Date<br>Considered |  |
|-----------------------|--|--------------------|--|

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<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.